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CONFIRMATION NO. 7781

<b>SERIAL NUMBER</b> 10/773,698	<b>FILING DATE</b> 02/06/2004  <b>RULE</b>	<b>CLASS</b> 714	<b>GROUP ART UNIT</b> 2138	<b>ATTORNEY DOCKET NO.</b> NPT-65.0403										
<b>APPLICANTS</b>  Masashi Shimanouchi, Sunnyvale, CA;														
<b>** CONTINUING DATA *****</b>														
<b>** FOREIGN APPLICATIONS *****</b>														
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/07/2004</b>														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">           Foreign Priority claimed  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no            35 USC 119 (a-d) conditions met  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance         </td> <td style="width: 20%; border-bottom: 1px solid black; text-align: center;">           STATE OR COUNTRY CA         </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;">           SHEETS DRAWING 25         </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;">           TOTAL CLAIMS 32         </td> <td style="width: 20%; border-bottom: 1px solid black; text-align: center;">           INDEPENDENT CLAIMS 6         </td> </tr> <tr> <td style="border-bottom: 1px solid black;">           Verified and Acknowledged            Examiner's Signature <u>CJK</u> Initials         </td> <td colspan="4"></td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 25	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 6	Verified and Acknowledged Examiner's Signature <u>CJK</u> Initials				
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<b>ADDRESS</b> WAGNER, MURABITO & HAO LLP Third Floor Two North Market Street San Jose , CA 95113														
<b>TITLE</b> Method and system for improved ATE timing calibration at a device under test														
<b>FILING FEE RECEIVED</b> 1244	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> </table>					<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____					
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